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**AFTER FINAL****TELEFAX TRANSMITTAL**

TO: United States Patent and Trademark Office

ATTN: Georgia L. Helmer – Examiner, Art Unit 1638

FAX NO.: 703-872-9306 Tel: 571-272-0796

RE: Serial No. 09/643,755 Our file: 9369-153


FROM: Micheline Gravelle, Registration No. 40,261

DATE: June 15, 2004 PAGES: 5  
(Including cover sheet)

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**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the attached Transmittal Form, Notice of Appeal and Fee Transmittal Form are being facsimile transmitted to the U.S. Patent & Trademark Office on the date shown below.

  
\_\_\_\_\_  
Micheline Gravelle  
Registration No. 40,261

June 15, 2004  
Date

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PTO/SB/21 (08-03)

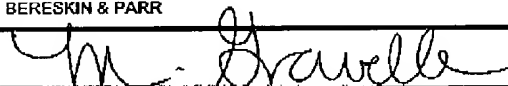
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/643,755	
	Filing Date	August 23, 2000	
	First Named Inventor	Gijs van Rooijen	
	Art Unit	1638	
	Examiner Name	Georgia L. Helmer	
Total Number of Pages in This Submission	4	Attorney Docket Number	9369-153

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MICHELLE GRAVELLE, Registration No. 40,261 BERESKIN & PARR
Signature	
Date	June 16, 2004

CERTIFICATE OF MAILING		
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Signature		Date

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PTO/SB/17 (10-03)

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**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 330.00**Complete if Known**

Application Number	09/643,755
Filing Date	August 23, 2000
First Named Inventor	Gijs van Rooijen
Examiner Name	Georgia L. Helmer
Art Unit	1636
Attorney Docket No.	9369-153/MG

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit  
Account  
Number  
Deposit  
Account  
Name

022095

Bereskin &amp; Parr

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 305	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>			0.00

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims  - 20\*\* =  X  =  0.00  
 Independent Claims  - 3\*\* =  X  =  0.00  
 Multiple Dependent  =

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>			0.00

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	330.00
1402 330	2402 165	Filing a brief in support of an appeal	
1403 280	2403 145	Request for oral hearing	
1451 1,510	1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(d)	
1808 180	1808 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
<b>Other fee (specify)</b>			
<b>*Reduced by Basic Filing Fee Paid</b>			
<b>SUBTOTAL (3)</b>			330.00

**SUBMITTED BY**

Name (Print/Type)	MICHELLE GRAVILLE	Registration No. (Attorney/Agent)	40,261	Telephone (416) 364-7311
Signature	<i>M. Gravelle</i>	Date	June 15, 2004	

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PTO/SB/31 (08-03)

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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 9369-153			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on _____.  Signature _____  Typed or printed name _____		In re Application of <b>Gijs van Rooijen</b>  Application Number 09/643,755  Filed August 23, 2000  For <b>Commercial Production of Chymosin in Plants</b>  <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Art Unit 1638</td> <td style="border: none; width: 50%;">Examiner Georgia L. Helmer</td> </tr> </table>		Art Unit 1638	Examiner Georgia L. Helmer
Art Unit 1638	Examiner Georgia L. Helmer				
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.  The fee for this Notice of Appeal is (37 CFR 1.17(b)) <span style="float: right;">\$ <u>330.00</u></span>  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ _____</span>  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>022095</u> . I have enclosed a duplicate copy of this sheet.  <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.					
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
I am the <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>40,261</u>  <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.		<div style="text-align: center;">           _____          Signature          Micheline Gravelle          _____          Typed or printed name          416-957-1682          _____          Telephone number          June 15, 2004          _____          Date       </div>			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.191. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

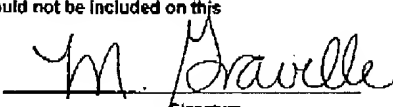
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	Application Number 09/643,755		Filed August 23, 2000
	For Commercial Production of Chymosin in Plants		
	Art Unit 1638	Examiner Georgia L. Helmer	
Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the decision of the examiner.  The fee for this Notice of Appeal is (37 CFR 1.17(b)) <span style="float: right;">\$ <u>330.00</u></span>  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ _____</span>  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>022095</u> . I have enclosed a duplicate copy of this sheet.  <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)  <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>40,261</u>  <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.		<div style="text-align: center;">           _____          Signature          Micheline Gravelle          _____          Typed or printed name          410-957-1682          _____          Telephone number           June 15, 2004          _____          Date       </div>	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			

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